# Annual Reporting for High-Cost Recipients 47 C.F.R. §54.313(a)(2) through (a)(6) and (h)



4001 Rodney Parham Drive • Little Rock, Arkansas 72212 (501) 748-7000

June 11, 2014

Received & Inspected

Ms. Marlene H. Dortch Office of the Secretary Federal Communications Commission 445 12th Street SW Washington, D.C. 20554

JUN 30 2014

FCC Mail Room

Ms. Karen Majcher Vice President – High Cost Low Income Division Universal Service Administrative Company 2000 L Street NW, Suite 200 Washington, D.C. 20036

RE: Connect America Fund, WC Docket No. 10-90: Lifeline and Link Up Reform and Modernization, WC Docket No. 11-42

Pursuant to Section 54.313 and 54.422 of the Federal Communications Commission's rules enclosed is the 2014 annual report and certifications for Windstream Study Area Code 170176 located in Pennsylvania. A copy of this report is also being filed with the Universal Service Administration Company (USAC), relevant state public service commissions, and tribal governments.

This filing contains CONFIDENTIAL information, (200) Service Outage Reporting (Voice), which is not readily ascertainable to Windstream's competition. Release of this information would cause Windstream to reveal proprietary information and trade secrets and cause damage to its competitive position. Windstream requests that this data be treated as trade secret information.

Should you have any questions, please contact me via email at <u>jeff.l.heacox@windstream.com</u> or by phone at 501-748-5390.

Sincerely

Jeff Heacox

Staff Manager Compliance Reporting

Enclosures

Cc: Applicable State Public Utilities Commissions, State Public Service Commissions, and Tribal Governments

No. of Copies rec'd C

FCC For	m 481 - Carrier Annual Reporting Data Collection Form		FCC Form 48: OM8 Control July 2013	No. 3060-0988/OM8 Control No. 3060-0819
<010>	Study Area Code	170176		
<015>	Study Area Name	WINDSTREAM PA		Basalinaia
<020>	Program Year	2015		Received & Inspected
<030>	Contact Name: Person USAC should contact with questions about this data	Jeff Heacox		JUN 3 0 2014
<035>	Contact Telephone Number: Number of the person identified in data line <030>	5017485390 ext.		
<039>	Contact Email Address: Email of the person identified in data line <030>	jeff.l.heacox@wii	ndstream.com	FCC Mail Room
ANNUA	LE REPORTING FOR ALL CARRIERS	<b>,</b> (		S4.313 54.422 Completion Required (check box when complete)
<100>	Service Quality Improvement Reporting		(complete attached worksheet)	1 MANAGE
<200>	Outage Reporting (voice)		(complete attached worksheet)	/ /
<210> <300>	Unfulfilled Service Requests (voice) 6	outages to report		\
	170176PA310.pdf Detail on Attempts (voice)			· 111119
			(attach des	criptive document)
<320>	Unfulfilled Service Requests (broadband)			
<330>	Detail on Attempts (broadband)		(attach de	escriptive document)
<400>	Number of Complaints per 1,000 customers (voice)			
<410> <420>	Fixed 1.93 Mobile 0.0			1 1
<430>	Number of Complaints per 1,000 customers (broad)	band)		/ 2000000
<440>	Fixed 1.05			A STATE OF
<450>	Mobile 0.0 Service Quality Standards & Consumer Protection R	ules Compliance		
<500>	170176PA510.pdf	ares compilaries	(check to indicate certification)	
<510>			(attached descriptive document)	. / /
<600>	Functionality in Emergency Situations 170176PA610.pdf		(check to indicate certification)	1 1
<610>			(attached descriptive document)	_ / _ /
<700>	Company Price Offerings (voice)		(complete attached worksheet)	
<710>	Company Price Offerings (broadband)		(complete attached worksheet)	A William
<800>	Operating Companies and Affiliates		(complete attached worksheet)	V 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Tribal Land Offerings (Y/N)?  Voice Services Rate Comparability		(if yes, complete attached worksheet)  (check to indicate certification)	
-10002	170176PA1010.pdf		Internation in months of affications	
<10102			(attach descriptive document)	
<1100	Terrestrial Backhaul (Y/N)?		(if not, check to indicate certification)	
<1110>			(complete attached worksheet)	
<1200>	Price Can Carriers Proceed to Price Can Additional	Documentation Ma	(complete attached worksheet)	45.45.5.A
	Price Cap Carriers, Proceed to Price Cap Additional Including Rate-of-Return Carriers affiliated with Pr			
<2000> <2005>	moseing nace of nectari currers affinated with Fr	cop Eocui Excitu	(check to indicate certification) (complete attached worksheet)	
×2000	Rate of Return Carriers, Proceed to ROR Additional	Documentation W		1808331
<3000> <3005>			(check to indicate certification) (complete attached worksheet)	

CHEST WA	ervice Quality Improvement Reporting  Silection Form		FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-08  July 2013
<010>	Study Area Code	170176	
<015>	Study Area Name	WINDSTREAM PA	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Heacox	
<035>	Contact Telephone Number - Number of person identified in data line <030>	5017485390 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff.l.heacox@windstream.com	
<110>	Has your company received its ETC certification from the FCC?	(yes / no ) O	
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no ) O O	
<112>	If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.  Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your of CETC which only receives frozen support, your progress report is only required to address voice telephony service.	company is a	
	Please check these boxes below to confirm that the attached documents(s), on li 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	ne	Name of Attached Document
<113>	Maps detailing progress towards meeting plan targets		
<114>	Report how much universal service (USF) support was received		
<115>	How (USF) was used to improve service quality		
<116>	How (USF)was used to improve service coverage		
/TTO>	73 4/8		
<117>	How (USF) was used to improve service capacity		

(200) Service Outage	Reporting	(Voice)	
<b>Data Collection Form</b>			

FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	170176
<015>	Study Area Name	WINDSTREAM PA
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Heacox
<035>	Contact Telephone Number - Number of person identified in data line <030>	5017485390 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff.l.heacox@windstream.com

<a>&gt;</a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h></h>
NOR Refere Numbe	nce Outage Sta	rt Outage Start Time	Outage End Date	Outage End Time	Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Did This Outage Affect Multiple Study Areas (Yes / No)	Service Outage Resolution	Preventative Procedures
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-		+				-		-			
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(700) Pric	e Offerings Including Voice Rate Data	FCC Form 481
Data Coll	ection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
		July 2013
<010>	Study Area Code	170176
<015>	Study Area Name	WINDSTREAM PA
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Heacox
<035>	Contact Telephone Number - Number of person identified in data line <030>	5017485390 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff.l.heacox@windstream.com
<701>	Residential Local Service Charge Effective Date 1/1/2014	
<702>	Single State-wide Residential Local Service Charge	

State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fe
				7				
			,					
				See a	tached worksheet			
	+							<del> </del>
								<u> </u>
		-						
	<del></del>	-						

(710) Broadband Price Offerings	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
。 [1] [1] [1] [1] [2] [2] [2] [2] [2] [2] [3] [3] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4	July 2013

<010>	Study Area Code	170176
<015>	Study Area Name	WINDSTREAM PA
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Heacox
<035>	Contact Telephone Number - Number of person identified in data line <030>	5017485390 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff.l.heacox@windstream.com

羅	cats .	<a2></a2>	        <th> 52&gt;</th> <th><b>6</b></th> <th><d1></d1></th> <th><d2></d2></th> <th><d3></d3></th> <th><d4></d4></th>	 52>	<b>6</b>	<d1></d1>	<d2></d2>	<d3></d3>	<d4></d4>
L	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select
F			<del> </del>						
F			-						
F									
F				- See attac					
F				worksheet -					
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F									
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STATE OF THE PARTY	erating Companies			The source of th		FCC Form 481 .  OMB Control No. 3060-0986/OMB Control No. 3060-0819
是一次						July 2013
<010>	Study Area Code		170176			
<015>	Study Area Name		WINDSTREAM PA	Α		
<020>	Program Year	USAS about described and the d	2015			
<030> <035>		USAC should contact regarding this data  nber - Number of person identified in data line <030>	Jeff Heacox 5017485390 es	vt		
<039>		Email Address of person identified in data line <030>				
<0392	Contact Email Address -	Email Address or person identified in data line <030>	jeff.1.heaco	x@windstream.com		
<810>	Reporting Carrier	Windstream Pennsylvania, LLC				
<811>	Holding Company	Windstream Holdings, Inc.				
<812>	Operating Company	Windstream Pennsylvania, LLC				
<813>		<al><al><al><al><al><al><al><al><al><al></al></al></al></al></al></al></al></al></al></al>		<a2></a2>	Doir	<a3></a3>
7.6						
73						
19						
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33			000 011	Tonou monton	-	
20						
109						
5						
19						
134						
84						

The second second second	bal Lands Reporting Section Form				FCC Form 481 OMB Control No. 3060 July 2013	0986/OMB Control No.	3060-0819
<010> <015> <020> <030> <035> <035>	Study Area Code Study Area Name Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line of the Contact Email Address - Email Address of person identified in data line of the Contact Email Address - Email Address of person identified in data line of the Contact Email Address - Email Address of person identified in data line of the Contact Email Address - Email Address of person identified in data line of the Contact Email Address - Email Address of person identified in data line of the Contact Email Address - Email Address of person identified in data line of the Contact Email Address - Email Address of person identified in data line of the Contact Email Address - Email Address of person identified in data line of the Contact Email Address - Email Address of person identified in data line of the Contact Email Address - Email Add		170176 WINDSTREAM PA 2015 Jeff Heacox 5017485390 ext. jeff.l.heacox@windst	cream.com			
<910>	Tribal Land(s) on which ETC Serves						
<920>	Tribal Government Engagement Obligation			Name of Attache	d Document		
to confi demon	company serves Tribal lands, please select (Yes,No, NA) for each these boxes firm the status described on the attached document(s), on line 920, strates coordination with the Tribal government pursuant to 3(a)(9) includes:	Sele (Yes,	No,				
<921> <922> <923> <924> <925> <926> <927> <928> <928> <929>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions.  Feasibility and sustainability planning; Marketing services in a culturally sensitive manner; Compliance with Rights of way processes Compliance with Land Use permitting requirements Compliance with Facilities Siting rules Compliance with Environmental Review processes Compliance with Cultural Preservation review processes Compliance with Tribal Business and Licensing requirements.						

	n Terrestrial Backhaul Reporting ection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	170176
<015>	Study Area Name	WINDSTREAM PA
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Heacox
<035>	Contact Telephone Number - Number of person identified in data line <030>	5017485390 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030	jeff.1.heacox@windstream.com
<1120>	Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)	
<1130>	Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)	

Lifeline	erms and Condition for Lifeline Customers ection Form		FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-0819  July 2013
<010>	Study Area Code		170176
<015>	Study Area Name		WINDSTREAM PA
<020>	Program Year		2015
<030>	Contact Name - Person USAC should contact regarding this data		Jeff Heacox
<035>	Contact Telephone Number - Number of person identified in data line <	030>	5017485390 ext.
<039>	Contact Email Address - Email Address of person identified in data line <	<030>	jeff.l.heacox@windstream.com
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans		170176PA1210.doc  Name of Attached Document
<1220>	Link to Public Website HT	TP h	attp://www.windstream.com/About-Us/Lifeline-Applications/
or the we	heck these boxes below to confirm that the attached document(s), on line 1210, ebsite listed, on line 1220, contains the required information pursuant to (a)(2) annual reporting for ETCs receiving low-income support, carriers must report:		
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,		
<1222>	Details on the number of minutes provided as part of the plan,		
<1223>	Additional charges for toll calls, and rates for each such plan.	7	

(2000) Pi	ice Cap Carrier Additional Documentation	医克里尔氏 对现在分词经验	FCC Form 481	12920101013-077-31-7
Oata Col	ection Form			0-0986/OMB Control No. 3060-0819
W. J. 77	Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers		July 2013	REAL PROPERTY OF THE PROPERTY
the feet that	Aute-of-Netwa Carners offmatea with Price Cap Local exchange Corners		A STATE OF THE STA	
<010>	Study Area Code	170176		
<015>	Study Area Name	WINDSTREAM PA		
<020>	Program Year	2015		
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Heacox		
<035>	Contact Telephone Number - Number of person identified in data line <030>	5017485390 ext.		
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff.l.heacox@windstream.com		
CHECK +	e boxes below to note compliance as a recipient of Incremental Connect Ameri	ica Phase I support frozen High Cost support	High Cost support to offset access charge reductions	and Connect America Phase II
CHECK L	support as set forth in 47 CFR § 54.313(b),(c),(d),(c	[20 H. H	일시 (2) 이 경우 [1] 그림 [1] 전 네트를 먹는다면 나는 아이를 다 하는데 되었다. 그렇게 되었다.	ind connect America Phase it
	support as set forth in 47 CFR y 54.515(b),(c),(u),(t	e) the information reported on this form and	in the documents attached below is accurate.	
	Incremental Connect America Phase I reporting			
<2010>	2nd Year Certification (47 CFR § 54.313(b)(1))			
<2011>	3rd Year Certification (47 CFR § 54.313(b)(2))			
~2011×	314 Teal Certification (47 CFR & 34.313(b)(2))			
	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))			
<2012>	2013 Frozen Support Certification			
<2012>	2014 Frozen Support Certification		<del></del>	
<2013>	2015 Frozen Support Certification		<del>_</del>	
<2015>	2016 and future Frozen Support Certification			
	Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))			
<2016>	Certification Support Used to Build Broadband			
<2010>	Certification support used to build broadband			
	Connect America Phase II Reporting (47 CFR § 54.313(e))		<u> </u>	
<2017>	3rd year Broadband Service Certification			
<2018>	5th year Broadband Service Certification			
<2019>	Interim Progress Certification			
	THE STOCKES AND THE STOCKES AND STOCKES AN	in 2024		
<2020>	Please check the box to confirm that the attached document(s), on I pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support	shall provide the number names and	ion	
	addresses of community anchor institutions to which began providing			
	preceding calendar year.			
				_
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		1		I
100225011		1		1
<2021>	Interim Progress Community Anchor Institutions	1		1
				1
		1		
		W	of Attached Desument Listing Required Information	_
		Name o	of Attached Document Listing Required Information	

	ite Of Return Carrier Additional Documentation	FCC Form AB1
Data Coli	ection form	OMB Control No. 3060-0986/OMB Control No. 3050-0819
		July 2013
<010>	Study Area Code Study Area Name	170176 WINDSTREAM PA
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Heacox
<035>	Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030>	5017485390 ext. ieff.l.heacox@windstream.com
CELEBRA	Contract Children and Chi	THE TAIL THE ACCOMMUNICATION OF THE TAIL THE TAI
CHECK t		t to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 e information reported on this form and in the documents attached below is accurate.
	cray 34.323(1)(2). Hordren certify that the	e morniadon reported on this form and in the documents attached below is accurate.
(3010)	Progress Report on 5 Year Plan	(4)
	Milestone Certification (47 CFR § 54.313(f)(1)(i))	
		Name of Attached Document Listing Required Information
	Please check this box to confirm that the attached document(s), on line 3 § 54,313 (f)(1)(ii), the carrier shall provide the number, names, and addre providing access to broadband service in the preceding calendar year.	
	Section 1979 (Section 2010) of the Control of the Control of Section 1979 (Section 2010) of Section 2010 (Section 2010) of Section 2010) of Section 2010 (Section 2010) of Section 2010 (Section 2010) of Section 2010) of Section 2010 (Section 2010) of Section 2010) of Section 2010 (Section 2010) of Section 201	
(3012)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))	
******		Name of Attached Document Listing Required Information
(3013)	Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) If yes, does your company file the RUS annual report	(Yes/No)
565516331601		200
	and the parties of the control of the first of the control of the parties of the first of the control of the co	contains the required information pursuant to § 54.313(f)(2) compliance requires:
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)	
(3016)	Document(s) for Balance Sheet, Income Statement and Statement of Cas	th Flows
8 2		
(3017)	If the response is yes on line 3014, attach your company's RUS annual	1
	report and all required documentation	
		Name of Attached Document Listing Required Information
(2019)	Make several is no as the 2014 to use a several codine 42	(Yes/No)
(3018)	If the response is no on line 3014, is your company audited?	(res/rio)
	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains	
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a fo	rmat comparable to RUS Operating Report for Telecommunications
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Ca	sh Flows
(3021)	Management letter issued by the independent certified public accountant that p	performed the company's financial audit.
	If the response is no on line 3018, please check the boxes below	
	to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:	
(2022)		
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a	
	format comparable to RUS Operating Report for Telecommunications	
	Borrowers,	
(3023)	Underlying information subjected to a review by an independent certified public accountant	H
(3024)	Underlying information subjected to an officer certification.	H
	Document(s) for Balance Sheet, Income Statement and Statement of Ca	sh Flows
(3026)	Attach the worksheet listing required information	
(3020)	The state of the s	
	-	Name of Attached Document Listing Required Information

	ion - Reporting Carrier ection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	170176
<015>	Study Area Name	WINDSTREAM PA
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Heacox
<035>	Contact Telephone Number - Number of person identified in data line <030>	5017485390 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff.l.heacox@windstream.com

## TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

# Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the Information reported on this form and in any attachments is accurate. Name of Reporting Carrier: WINDSTREAM PA Signature of Authorized Officer: CERTIFIED ONLINE Date Printed name of Authorized Officer: Tim Loken Title or position of Authorized Officer: Director Regulatory Reporting Telephone number of Authorized Officer: 5017487442 ext. Study Area Code of Reporting Carrier: 170176 Filing Due Date for this form: 06/30/2014

150089000000000	ion - Agent / Carrier ection Form	FCCF67th 481 COMB Control No., 3060-0986/QMB Control No. 3060-0819 July 2013
<010>	Study Area Code	170176
<015>	Study Area Name	WINDSTREAM PA
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Heacox
<035>	Contact Telephone Number - Number of person identified in data line <030>	5017485390 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	ieff.l.heacox@windstream.com

## TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

I certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting carrier. I
also certify that I am an officer of the reporting carrier; my respon agent; and, to the best of my knowledge, the reports and data pro	ibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized ided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

### TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent	Authorized to File Annual Reports for CAF or LI Recipie	ents on Behalf of Reporting Carrier
[보통] [18] [18] [18] [18] [18] [18] [18] [18	orized to submit the annual reports for universal service suppor reporting carrier; and, to the best of my knowledge, the informa	하는 것은 이 경기가 있는 사람들이 있는 것이 없는 것이 없는 것이 없는 것이 없는 것이 없는 것이 없는 것이다. 그렇게 되었다는 것이 없는 것이 없는 것이 없는 것이다.
lame of Reporting Carrier:		
lame of Authorized Agent or Employee of Agent:		
ignature of Authorized Agent or Employee of Agent:		Date:
rinted name of Authorized Agent or Employee of Agent:		
itle or position of Authorized Agent or Employee of Agent		
elephone number of Authorized Agent or Employee of Ag	ent:	
tudy Area Code of Reporting Carrier:	Filing Due Date for this form:	



# (200) Service Outage Reporting (Voice) Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	170176
<015>	Study Area Name	WINDSTREAM PA
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Heacox
<035>	Contact Telephone Number - Number of person identified in data line <030>	5017485390 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff.l.heacox@windstream.com
<220>		

<a></a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h>&gt;</h>
NORS Reference Number	Outage Star	Outage t Start Time	Outage End Date	Outage End Time	Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Did This Outage Affect Multiple Study Areas (Yes / No)	Service Outage Resolution	Preventative Procedures
13-01622925	01/16/2013	05:45	01/16/2013	08:52	8387	155926	Yes	Wireline (including cable) Voice (non-VoIP), Facility Outage (Microwave, Fiber, Copper, etc.)	No	T1 ALTUNA CARRIER/SPRINT HAD A LOT OF CARRIER DOWN YESTERDAY, CKT UP AND MORKING HOW	Repaired/Replaced faulty hardware
13-03748979	02/06/2013	13:24	02/06/2013	14:32	17383	155926	No	Wireline (including cable) Voice (non-VoIP), Hardware Failure	No	Tech working with site//restored northfield s- link at 2/32.	Repaired/Replaced faulty hardware
13-09670282	04/06/2013	19:22	04/06/2013	20:03	31946	155926	Yes	Wireline (including cable) Voice (non-VoIP), Other/Unknown	No *	Date / Time Outage repaired (Central Time): 7:00 pm	Scheduled additional testing
13-10403895	04/14/2013	00:07	04/14/2013	08:30	3354	155926	Yes	Wireline (including cable) Voice (non- VoIP), Procedural Telco (Installation or Maint Related)	No	One 931 trunk restored 20830 per tech Carl. Advan card optioned incorrectly.	Reviewed procedures with Telco employee
13-13703359	05/17/2013	00:46	05/17/2013	04:56	129024	155926	No	Wireline (including cable) Voice (non-VoIP), MOP	No	MOP completed	Scheduled Outage
13-15278752	06/01/2013	19:23	06/01/2013	23:09	5477	155926	No	Wireline (including cable) Voice (non-VoIP), Hardware	No	SWCH CLK	Repaired/Replaced faulty hardware
13-20020297	07/18/2013	17:13	07/19/2013	07:46	1118	155926	No	Wireline (including cable) Voice (non-VoIP), Hardware	No	FOUND SIGNALLING ISSUES AND RCC BACKPLANK STRAPPING ERROR. ALSO SOME DYATFILL ISSUES WITH SPANS	Repaired/Replaced faulty hardware
								1			

<b>三公司</b> 医克拉氏丛	lection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	170176
<015>	Study Area Name	WINDSTREAM PA
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Heacox
<035>	Contact Telephone Number - Number of person identified in data line <030>	5017485390 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff.l.heacox@windstream.com
<701>	Residential Local Service Charge Effective Date 1/1/2014	

<703>

<702> Single State-wide Residential Local Service Charge

<a1></a1>	- Ka2>	<a3></a3>	<b1></b1>	<62>	<b3></b3>	        	<bs></bs> b5>	<c> <c></c></c>
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fee
PA	ALL		FR	16.0	0.0	0.0	0.0	16.0
PA	ALL		MS	10.0	0.0	0.0	0.0	10.0
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<010>	Study Area Code	170176
<015>	Study Area Name	WINDSTREAM PA
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<030>	Contact Name - Person USAC should contact regarding this data	Jeff Heacox
<035>	Contact Telephone Number - Number of person identified in data line <030>	5017485390 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff.1.heacox@windstream.com

State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rates and Fees		Broadband Service -Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select)
PA	BROCKWAY	49.99	0.0	49.99	12.0	1.5	0.0	Other, No limit on usage allowand
PA	BROCKWAY	49.99	0.0	49.99	24.0	1.5	0.0	Other, No limit on usage allowand
PA	BROCKWAY	49.99	0.0	49.99	24.0	4.0	0.0	Other, No limit on usage allowand
PA	EXPORT	49.99	0.0	49.99	12.0	1.5	0.0	Other, No limit on usage allowan
PA	EXPORT	49.99	0.0	49.99	24.0	1.5	0.0	Other, No limit on usage allowand
PA	EXPORT	49.99	0.0	49.99	24.0	4.0	0.0	Other, No limit on usage allowand
PA	KITTANNING	49.99	0.0	49.99	12.0	1.5	0.0	Other, No limit on usage allowand
PA	KITTANNING	49.99	0.0	49.99	24.0	1.5	0.0	Other, No limit on usage allowance
PA	KITTANNING	49.99	0.0	49.99	24.0	4.0	0.0	Other, No limit on usage allowan
PA	MEADVILLE	49.99	0.0	49.99	12.0	1.5	0.0	Other, No limit on usage allowand
PA	MEADVILLE	49.99	0.0	49.99	24.0	1.5	0.0	Other, No limit on usage allowand
PA	MEADVILLE	49.99	0.0	49.99	24.0	4.0	0.0	Other, No limit on usage allowand
PA	MUNCY	49.99	0.0	49.99	12.0	1.5	0.0	Other, No limit on usage allowance
PA	MUNCY	49.99	0.0	49.99	24.0	1.5	0.0	Other, No limit on usage allowand
PA	MUNCY	49.99	0.0	49.99	24.0	4.0	0.0	Other, No limit on usage allowand
PA	ST MARYS	49.99	0.0	49.99	12.0	1.5	0.0	Other, No limit on usage allowance
PA	ST MARYS	49.99	0.0	49.99	24.0	1.5	0.0	Other, No limit on usage allowance
PA	ST MARYS	49.99	0.0	49.99	24.0	4.0	0.0	Other, No limit on usage allowance
PA	WAYNESBURG	59.99	0.0	59.99	12.0	1.5	0.0	Other, No limit on usage allowance
PA	WAYNESBURG	59.99	0.0	59.99	24.0	1.5	0.0	Other, No limit on usage allowance
PA	WAYNESBURG	59.99	0.0	59.99	24.0	4.0	0.0	Other, No limit on usage allowand

(00) On	verating Companies			The second of the second of the second	FCC Form 481
	lection Form				OMB Control No. 3060-0986/OMB Control No. 3060-0819
					July 2013
			an acous	Carlo and and the second	
<010>	Study Area Code		170176		
<015>	Study Area Name		WINDSTREAM F	PA	
<020>	Program Year		2015		
<030>	Contact Name - Person U	SAC should contact regarding this data	Jeff Heacox		
<035>	Contact Telephone Numb	per - Number of person identified in data line <030>	5017485390 e	xt.	
<039>	Contact Email Address - E	mail Address of person identified in data line <030>	jeff.1.heaco	ox@windstream.com	
<810>	Reporting Carrier	Windstream Pennsylvania, LLC			
<810> <811>	Reporting Carrier Holding Company	Windstream Holdings, Inc.			
<811>	Holding Company	Windstream Holdings, Inc.			
<811>	Holding Company	Windstream Holdings, Inc.		<b>32</b> >	<b>√</b> 3>
<811> <812>	Holding Company	Windstream Holdings, Inc. Windstream Pennsylvania, LLC		ä2> SAC	<a3>  Doing Business As Company or Brand Designation</a3>
<811> <812>	Holding Company Operating Company	Windstream Holdings, Inc. Windstream Pennsylvania, LLC			
<811> <812>	Holding Company Operating Company	Windstream Holdings, Inc. Windstream Pennsylvania, LLC <a15 affiliates<="" td=""><td></td><td></td><td></td></a15>			
<811> <812>	Holding Company Operating Company	Windstream Holdings, Inc. Windstream Pennsylvania, LLC <a15 affiliates<="" td=""><td></td><td></td><td></td></a15>			
<811> <812>	Holding Company Operating Company	Windstream Holdings, Inc. Windstream Pennsylvania, LLC <a15 affiliates<="" td=""><td></td><td></td><td></td></a15>			
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<811> <812>	Holding Company Operating Company	Windstream Holdings, Inc. Windstream Pennsylvania, LLC <a15 affiliates<="" td=""><td></td><td></td><td></td></a15>			
<811> <812>	Holding Company Operating Company	Windstream Holdings, Inc. Windstream Pennsylvania, LLC <a15 affiliates<="" td=""><td></td><td></td><td></td></a15>			
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